



Robert N. Feldman
Direct Dial: (617) 307-6130
feldman@birnbaumgodkin.com

May 17, 2007

BY HAND

Joseph L. Tehan, Jr., Esquire
Kopelman and Paige, P.C.
101 Arch Street, 12th Floor
Boston, MA 02210

*RE: Betty Anne Waters, as Administratrix of Estate of Kenneth Waters
vs. Town of Ayer, et al.-- Civil Action No. 04 10521 (GAO)*

Dear Jay:

Pursuant to Federal Rules of Civil Procedure 26 and 34, enclosed please find the Reliagene Technologies, Inc. Report and Declaration of Elizabeth O'Connor.

Very truly yours,

A handwritten signature in black ink that reads "Robert N. Feldman/cam".

Robert N. Feldman

RNF/cam

Enclosure

cc: Deborah L. Cornwall, Esquire (w/o enc.)

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

BETTY ANNE WATERS as)
Administratrix of the Estate of)
KENNETH WATERS,)
Plaintiff,)
vs.)
TOWN OF AYER,) CIVIL ACTION
NANCY TAYLOR-HARRIS,) NO. 04-10521-GAO
ARTHUR BOISSEAU,)
BUDDY DECOT,)
WILLIAM ADAMSON,)
JOHN AND JANE DOES 1-16,)
Defendants.)

DECLARATION OF ELIZABETH O'CONNOR

I, Elizabeth O'Connor, hereby declare the following to be true:

1. Prior to becoming Elizabeth O'Connor, my name was Elizabeth Waters.
2. I have nine biological children, including five biological sons.
3. My oldest son, now deceased, Leroy E. Waters, Jr. was born on May 6, 1951.

Leroy's birth certificate is attached hereto as Exhibit A.

4. My second son, John E. Waters, was born on May 24, 1952. John's birth certificate is attached hereto as Exhibit B.
5. My third son, now deceased, Kenneth W. Waters, was born on August 16, 1953.

Kenneth's birth certificate is attached hereto as Exhibit C.

6. My fourth son, David M. O'Connor, was born on February 27, 1957.
7. My fifth son, Eric B. O'Connor, was born on February 8, 1966.

8. Leroy was also known by the nickname of "Bobo."
9. John is also known by the nickname of "Jackie."
10. Kenneth was also known by the nicknames of "Kenny" and "Ken."
11. Eric is also known by the nickname of "Ricky."

Pursuant to 28 U.S.C. § 1746, I declare the foregoing to be true under the pains and penalties of perjury.

Dated: May 16, 2007

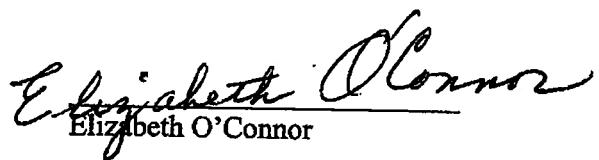

Elizabeth O'Connor
Elizabeth O'Connor

EXHIBIT A

Registrar of Vital Records and Statistics

I, the undersigned, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER.

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

EXHIBIT B

Town Clerk and
Collector of Taxes

One Main Street

P.O. Box 308

Ayer, Massachusetts 01432

PLACE OF BIRTH
MIDDLESEX
 (County)
AYER
 (City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
STANDARD

CERTIFICATE OF BIRTH

Ayer
 (City or Town making this return)
 (1)
 Registered No. **126**

NO. COMMUNITY MEMORIAL HOSPITAL STREET WARD (If birth occurred in a hospital or institution,
 give its NAME instead of street and number)

FULL NAME OF CHILD **JOHN EDWARD WATERS** If child is not yet named, make
 supplemental report, as directed.

Sex M.	4 Twin or Triplet?	5 Born ALIVE or STILLBORN	6 Date of Birth May 24, 1952
Color White	If plural Births If so, born 1st, 2nd or 3rd?	Alive	(Month) May (Day) 24 (Year) 1952

FATHER

FULL NAME **Leroy Eugene Waters**

RESIDENCE **2122 South Grand-Lee Street** CITY OR TOWN **Jefferson City** STATE **Mo.**

COLOR **White** OR RACE **White** AGE AT TIME OF THIS BIRTH **22** (Years)

PLACE OF BIRTH **Jefferson City** (City or Town) **Mo.** (State or country)

OCCUPATION **Truck Driver**

MOTHER

MAIDEN NAME **Elizabeth May Davenport** PRESENT NAME **Elizabeth May Waters**

RESIDENCE **No Groton School Road** STREET CITY OR TOWN **Ayer** STATE **Mass.**

COLOR **White** OR RACE **White** AGE AT TIME OF THIS BIRTH **25** (Years)

PLACE OF BIRTH **Natick** (City or Town) **Mass.** (State or country)

OCCUPATION **Housewife**

I hereby certify that I attended the birth of this child who was born at the hour of **2:15a** m. on the date above stated. The information given was furnished by **Elizabeth Waters** related to this child as **Mother**.

SIGNATURE OF ATTENDANT AT BIRTH **Joseph A. McLean** (Name) **J. A. McLean M.D.** (Name)
 ADDRESS NO. & STREET **24 Washington Street** DATE **May 24, 1952**

MAY 29 1952

RECEIVED AT OFFICE OF CITY OR TOWN CLERK (Month) (Day) (Year)

Thadie Wherry (Registrar)

TRUE COPY ATTEST:

I, the undersigned, hereby certify that I am the Town Clerk in the Town of Ayer, MA. That as such I have custody of the records of births, marriages and deaths required by law to be kept in my office, and I do hereby certify that the above is a true copy from said records.

Witness my hand and seal of the Town of Ayer on this 2nd day of July 2002

Ann G. Callahan
 Town Clerk, Asst Town Clerk

EXHIBIT C

Town Clerk and
Collector of Taxes

One Main Street

P.O. Box 308

Ayer, Massachusetts 01432

Middlesex
(County)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSGroton
(City or Town making this return)
169 Registered No. 145Groton
(City or Town)

No. Groton Comm. Hospital

COPY OF
CERTIFICATE OF BIRTHSTREET WARD { If birth occurred in a hospital or institution,
give its NAME instead of street and number)FULL NAME OF CHILD Kenneth William Waters..... If child is not yet named, make
supplemental report, as directed

M	4	Twin or Triplet?	5 FOR ALIVE OR STILLBORN	6 Date of Birth
<input checked="" type="checkbox"/>	If plural Births	If no, born 1st, 2nd or 3rd?	Alive	August 16 1953

FATHER		MOTHER	
Leroy R. Waters		MAIDEN NAME Elizabeth M. Davenport	
RESIDENCE NO. STREET		PRESENT NAME Elizabeth M. Waters	
CITY OR TOWN	Unknown STATE	CITY OR TOWN	Ayer STATE Mass.
COLOR White	AGE AT TIME OF 21	COLOR White	AGE AT TIME OF 26
OR RACE	THIS BIRTH (Years)	OR RACE	THIS BIRTH (Years)
PLACE OF BIRTH Jefferson City, Mo.	(City or Town) (State or country)	PLACE OF BIRTH Natick, Mass.	(City or Town) (State or country)
OCCUPATION Unknown	OCCUPATION Telephone Operator		

I hereby certify that I attended the birth of this child who was born at the hour of 9:51 P.M. on the date above stated. The information given was furnished by related to this child as Mother.

SIGNATURE OF ATTENDANT AT BIRTH: Cyrus Clegg, M.D. (Physician, parent or other, etc.)

ADDRESS NO. 169 Groton, Mass. DATE 9/1/53

RECEIVED Sept. 3 1953
(Month) (Day) (Year)

Frank A. Tracy
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED

RECEIVED Sept. 9 1953
(Month) (Day) (Year)

Thomas W. Barry
REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE

I, the undersigned, hereby certify that I am the Town Clerk in the Town of Ayer, MA. That as such I have custody of the records of births, marriages and deaths required by law to be kept in my office, and I do hereby certify that the above is a true copy from said records.

Witness my hand and seal of the Town of Ayer on this 23rd day of May, 2001

Laura Rose
Town Clerk, Asst Town Clerk

05/16/2007 Wed 09:39

Denise Whatley 5047349787

ID: #27802 Page 1 of 4



Fax Message

To: Barry Scheck **From:** Denise Whatley
Fax: 12129659084,,766 **Pages:** 4
Phone _____ **Date/Time:** 05/16/2007 Wed 09:39
Re: F001781 - Final Report **CC:** _____

Greetings,

Following this cover is a copy of the ReliaGene Technologies final report in reference to our file #F3-690-3 which has been processed in our laboratory.

Any questions concerning the results may be directed to Gina Pineda: 504-378-9640

If additional information is needed, please advise.

For further assistance, please contact forensic customer service at:
(1-877-735-4243) or (504-378-9607), or by email (forensic@reliagene.com)

Thank you for your interest in working with ReliaGene Technologies.

Denise Whatley
Forensic Customer Service
(P) 877-735-4243 or 504-378-9607 - (F) 504-734-9787
dwhatley@reliagene.com

If there are any complications in the transmission of this fax, please call (504) 734-9700 or 1-800-256-4106.

The information contained in this Facsimile message is confidential and is intended only for the use of the addressee. If the reader of this message is not the addressee or the person responsible for the delivery to the addressee, you are hereby notified that any dissemination, distribution or copying of this message is strictly prohibited. If you have received this message in error, please notify us immediately by telephone and return this FAX message to us by the U.S. Postal Service. Thank you.

5525 Mounes Street, Suite 101, New Orleans, LA 70123 - www.reliagene.com

05/16/2007 Wed 09:39

Denise Whatley 5047349787

ID: #27802 Page 2 of 4



Forensic Test Results

Cochran, Neufeld, and Scheck
 Attn: Barry Scheck
 99 Hudson Street, 8th Floor
 New York, NY 10013

ReliaGene Case # F001781 Report Date: May 10, 2007

ITEMS OF PHYSICAL EVIDENCE

ReliaGene Technologies, Inc. received the following items of physical evidence on April 13, 2007, AT 9:22 AM via UPS tracking #: 1Z70684E2210114083 for analysis:

ReliaGene	Description
Sample #	
07-03128	Buccal swabs of Elizabeth O'Connor

- *Evidence to be returned to Cochran, Neufeld, and Scheck via overnight courier.*

CONCLUSIONS

DNA testing utilizing the Identifier STR multiplex revealed the following:
 See the attached chart for the specific DNA typing results.

1. The buccal swabs of Elizabeth O'Connor, identified as ReliaGene Sample #07-03128, produced a distinct female genetic profile.
2. Based on the genetic test results, Elizabeth O'Connor is excluded as the biological mother of the DNA donor in the blood from bathroom rug #3 (item #1A) profile taken from Appendix 1 of Forensic Science Associates report dated May 14, 2001, case #00-628. Elizabeth O'Connor is also excluded as the biological mother of the DNA donor in FSA items 4A, 5A, 6A, 7A, 8, and 9.
3. Our opinion of NON-MATERNITY is based on the below noted inconsistencies. The term "inconsistency" means that the band sizes of the tested woman do not match the obligate maternal alleles in the child profile. Based on the absence of these DNA markers (as determined by DNA analysis) the blood samples from FSA items #1A, 4A, 5A, 6A, 7A, 8, and 9 could not have originated from a biological offspring of the tested woman, Elizabeth O'Connor.

AKJ

05/16/2007 Wed 09:38

Denise Whatley 5047349787

ID: #27802 Page 3 of 4

ReliaGene Case # F001781

May 10, 2007

DNA TEST RESULTS FROM FORENSIC SCIENCE ASSOCIATES REPORT DATED 5-14-2001

Genetic Loci	Blood from bathroom rug #3	
D3S1358	16,17	
WVA	15,17	Inconsistency
FGA	19,23	Inconsistency
D8S1178	10,13	Inconsistency
D21S11	30,31.2	Inconsistency
D18S51	12,15	
D6S818	12	
D13S317	12	Inconsistency
D7S820	8,11	
Amelogenin	X,Y	

AKW

05/16/2007 Wed 09:39

Denise Whatley 5047349787

ID: #27602 Page 4 of 4

ReliaGene Case # F001781

May 10, 2007

DNA TEST RESULTS

Genetic Locl	07-03128
	Evidence: Buccal swabs of Elizabeth O'Connor
D3S1358	15, 16
vWA	14, 20
FDA	21, 25
D8S1179	15
D21S11	29
D18S51	13, 15
D6S818	12
D13S317	8, 11
D7S820	11, 12
CSF1PO	12, 13
TPOX	11
TH01	6, 9.3
D16S539	9, 10
Amelogenin	X
D18S433	14
D2S1338	18, 24

The positive, negative, and reagent blank control samples processed at ReliaGene produced the expected result, indicating that the experiments were performed successfully. Laboratory records document the secure custody of evidence samples from receipt throughout sample testing. ReliaGene Technologies Inc. is accredited by American Society of Crime Laboratory Directors/Laboratory Accreditation Board. If you have any questions concerning this work, please contact the following individual.

Huma Nasir, M.S.
Huma Nasir, M.S.
Analyst III

May 10, 2007

Date

Sudhir K. Sinha, Ph.D.
Sudhir K. Sinha, Ph.D.
President and Lab Director

May 10, 2007

Date

AKW